



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209000
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1209000

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	PAUL BAKER 4 ATU-48
Doc ID	1209000

Tops

Name	Top	Datum
KINDER	2508	KB
WINFIELD	2545	KB
TOWANDA	2614	KB
FT_RILEY	2665	KB
FUNSTON	2790	KB
CROUSE	2839	KB
MORRILL	2925	KB
GRENOLA	2976	KB

JOB SUMMARY		PROJECT NUMBER TN # 532	TICKET DATE 2/28/2014
COUNTY Kearny	COMPANY Linn Energy	CUSTOMER REP Weldon	
LEASE NAME Paul Baker	Well No. 4 ATU 48	JOB TYPE Surface	
EMP NAME Bryon Hackett		EMPLOYEE NAME Bryon Hackett	

Bryon Hackett				
Steve Crocker				
Eric Poole				
Miguel Garcia				

Form. Name Chase-Council Grove Type: _____
Packer Type _____ Set At _____
Bottom Hole Temp. _____ Pressure _____
Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	02/27/14	02/27/14	02/27/14	02/28/14
Time	1245	1630	2252	1201

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	6	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	J55	KB	728	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	H2O	BBL.	10
Spacer type		BBL.	
Acid Type		Gal.	%
Acid Type		Gal.	%
Surfactant		Gal.	In
NE Agent		Gal.	In
Fluid Loss		Gal/Lb	In
Gelling Agent		Gal/Lb	In
Fric. Red.		Gal/Lb	In
MISC.		Gal/Lb	In

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/27/14	6.0	02/27/14	1.0	Surface
Total	6.0	Total	1.0	

Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Pressures	
MAX	900
AVG	100
Average Rates in BPM	
MAX	3
AVG	3
Cement Left in Pipe	
Feet	43
Reason	Shoe Track

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	455	Premium Class C	2% Calcium Chloride and .25 #/sk Celconite	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush	_____	Type:	_____
Breakdown	_____	MAXIMUM	_____
	_____	Lost Returns-N	0
	_____	Actual TOC	_____
Average	_____	Frac. Gradient	_____
ISIP	5 Min	10 Min	15 Min
Preflush:	BBI	10.00	Type: H2O
Load & Bkdn:	Gal - BBI	33	Pad:Bbl -Gal
Excess /Return	BBI	0	Calc Disp Bbl
Calc. TOC		0	Actual Disc
Treatment:	Gal - BBI	109.0	Disp Bbl
Cement Slurry:	BBI	163.00	
Total Volume	BBI	163.00	

CUSTOMER REPRESENTATIVE Weldon Hackett SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 533	TICKET DATE 3/1/2014
COUNTY Kearny	COMPANY Linn Energy		CUSTOMER REP Weldon Higgins	
LEASE NAME Paul Baker	Well No. 4 ATU 48	JOB TYPE Production	EMPLOYEE NAME Bryon Hackett	

Bryon Hackett				
Steve Crocker				
Robert Buckman				
Danny Parker				

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	02/28/14	03/01/14	03/01/14	03/01/14
Time	2230	830	1358	1527

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	26	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Guide Shoe	1	IR
Cement Basket	0	IR

Well Data								
	New/Used	Weight	Size	Grade	From	To	Max. Allow	
Casing	New	15.6	5.5	JK	KB	3125	2500	
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								Shots/Ft
Perforations								
Perforations								
Perforations								

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density 8.33	Lb/Gal
Spacer type	SodSilc/H2O BBL.	20	
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location				Operating Hours				Description of Job
Date	Hours	Date	Hours					
03/01/14	8.0	03/01/14	1.5				Production	
Total	8.0	Total	1.5				Cement to surface: 30 bbls or 75 sks	
							No chart due to computer failure	

Pressures			
MAX	1300	AVG	200
Average Rates in BPM			
MAX	3.5	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Track

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Celluloflake	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary					
Preflush Breakdown	_____	Type: _____	Preflush: BBI	20.00	Type: SodSilc/H2O
		MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
		Lost Returns	Excess /Return BBI	30	Calc Disp Bbl
		Actual TOC	Calc TOC	0	Actual Disp
Average		Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
ISIP	5 Min	10 Min	Cement Slurry: BBI	174.0	
		15 Min	Total Volume	BBI	267.00

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
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